



Municipal Police Training Committee

APPLICATION FOR ENROLLMENT IN In-Service, Reserve and Specialized Trainings

(Please fax or mail application to the Academy where training is taking place)

COURSE NAME:	START DATE:	LOCATION:
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APPLICANT'S NAME: (Last, First, MI)		HOME PHONE/ E-Mail address:
APPLICANT'S SS#:	D.O.B.	
HOME ADDRESS: (STREET, P.O. BOX, CITY/TOWN, ZIP CODE)		
DEPARTMENT :	DEPT. PHONE:	RANK/TITLE:
EMPLOYMENT STATUS:		
? FULL-TIME OFFICER ? PART-TIME OFFICER I have attended previous MCJTC/MPTC Courses: ? YES ? NO		
I, _____, agree to comply with all rules and regulations set forth by the Municipal Police Training Committee with regard to its training programs and understand that I may be subject to dismissal from the program for infractions thereof. I also agree that in the case of accident or illness, the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. In the case of illness or injury resulting from training, all necessary medical expenses will be borne by my sponsoring agency. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.		
Signed:	Date:	Agency/Department:
Agency Address:		Agency LEAPS Code (Letter Alphanumeric):

SPONSORING DEPARTMENT

I, _____, approve this applicant for attendance at the above named training program and agree as the chief executive officer of the sponsoring agency to abide by the training regulations as established by the Municipal Police Training Committee, and understand that the program may include physical skills training. I stipulate that the applicant will be employed by the sponsoring agency during periods of the training. I agree as the chief executive officer of the sponsoring agency that the applicant shall be covered by emergency health care insurance during his participation in the training program activities, and also agree that in the case of illness or injury the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.		
Signed:	Date:	Rank or Title:
IF APPLICANT IS FROM ANOTHER STATE OR POLITICAL SUBDIVISION THEREOF:		
The _____ (POST Commission) approves this applicant for the above listed training program.		
Signed:	Date:	Rank or Title:
Confirmed by:	Date Confirmed:	Will Attend: ? YES ?NO
Name of Record Keeper:		Date Entered: